



FREE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/709,454	
		Filing Date	Nov. 13, 2000	
		First Named Inventor	MATSUI	
		Examiner Name	SHAKERI, H.	
TOTAL AMOUNT OF PAYMENT (\$)		400	Attorney Docket No.	01-099

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: LAW OFFICE OF DAVID G. POSZ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																																																																																																																																																					
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SUBMITTED BY				TECHNOLOGY COMPLETE (if applicable)		
Name (Print/Type)	DAVID G. POSZ		Registration No. (Attorney/Agent)	37,701	Telephone	(202) 416-1638
Signature					Date	9.30.02

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3723

This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/709,454
	Filing Date	NOV. 13, 2000
	First Named Inventor	MATSUI
	Group Art Unit	3723
	Examiner Name	SHAKERI, H.
	Attorney Docket Number	01-099

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div>MARKED-UP VERSION OF THE AMENDMENTS</div>
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	9.30.02

OIPE CERTIFICATE OF HAND DELIVERY			
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Type or printed name	David G. Posz		
Signature		Date	9.30.02